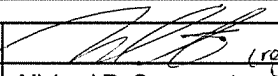


|   |                        |  |  |                    |                        |             |                  |                      |                  |               |              |          |      |                     |            |
|---|------------------------|--|--|--------------------|------------------------|-------------|------------------|----------------------|------------------|---------------|--------------|----------|------|---------------------|------------|
| <p><i>Effective on 12/08/2004.</i><br/><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3> |                        | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/759,421-Conf. #8089</td></tr> <tr><td>Filing Date</td><td>January 20, 2004</td></tr> <tr><td>First Named Inventor</td><td>Chikuni KAWAKAMI</td></tr> <tr><td>Examiner Name</td><td>R. S. Suthar</td></tr> <tr><td>Art Unit</td><td>2851</td></tr> <tr><td>Attorney Docket No.</td><td>0879-0425P</td></tr> </table> |  | Application Number | 10/759,421-Conf. #8089 | Filing Date | January 20, 2004 | First Named Inventor | Chikuni KAWAKAMI | Examiner Name | R. S. Suthar | Art Unit | 2851 | Attorney Docket No. | 0879-0425P |
| Application Number  | 10/759,421-Conf. #8089 |  |  |                    |                        |             |                  |                      |                  |               |              |          |      |                     |            |
| Filing Date   | January 20, 2004       |  |  |                    |                        |             |                  |                      |                  |               |              |          |      |                     |            |
| First Named Inventor  | Chikuni KAWAKAMI       |  |  |                    |                        |             |                  |                      |                  |               |              |          |      |                     |            |
| Examiner Name   | R. S. Suthar           |  |  |                    |                        |             |                  |                      |                  |               |              |          |      |                     |            |
| Art Unit  | 2851                   |  |  |                    |                        |             |                  |                      |                  |               |              |          |      |                     |            |
| Attorney Docket No.   | 0879-0425P             |  |  |                    |                        |             |                  |                      |                  |               |              |          |      |                     |            |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                        |  |  |                    |                        |             |                  |                      |                  |               |              |          |      |                     |            |
| <b>TOTAL AMOUNT OF PAYMENT</b>  | <b>(\$)</b> 1,120.00   |  |  |                    |                        |             |                  |                      |                  |               |              |          |      |                     |            |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>                            |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |

|   |                    |                     |   |                      |                                  |                       |                       |
|---|--------------------|---------------------|---|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                    |                     |   |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                     |   |                      |                                  |                       |                       |
|   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                    | <u>Small Entity</u> |   | <u>Small Entity</u>  |                                  | <u>Small Entity</u>   |                       |
| <u>Application Type</u>   | <u>Fee (\$)</u>    | <u>Fee (\$)</u>     | <u>Fee (\$)</u>   | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                  | <u>Fee (\$)</u>       | <u>Fees Paid (\$)</u> |
| Utility   | 300                | 150                 | 500   | 250                  | 200                              | 100                   | _____                 |
| Design  | 200                | 100                 | 100   | 50                   | 130                              | 65                    | _____                 |
| Plant   | 200                | 100                 | 300   | 150                  | 160                              | 80                    | _____                 |
| Reissue   | 300                | 150                 | 500   | 250                  | 600                              | 300                   | _____                 |
| Provisional   | 200                | 100                 | 0   | 0                    | 0                                | 0                     | _____                 |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                     |   |                      |                                  |                       |                       |
|   |                    |                     |   |                      |                                  | <u>Small Entity</u>   |                       |
|   |                    |                     |   |                      |                                  | <u>Fee (\$)</u>       | <u>Fee (\$)</u>       |
| Each claim over 20 (including Reissues)   |                    |                     |   |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                    |                     |   |                      |                                  | 200                   | 100                   |
| Multiple dependent claims   |                    |                     |   |                      |                                  | 360                   | 180                   |
| <u>Total Claims</u>   |                    | <u>Extra Claims</u> | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                       |                       |
| _____ - = _____   |                    | x _____             | = _____   | _____                | <u>Fee (\$)</u>                  |                       | <u>Fee Paid (\$)</u>  |
| HP = highest number of total claims paid for, if greater than 20.   |                    |                     |   |                      |                                  |                       |                       |
| <u>Indep. Claims</u>  |                    | <u>Extra Claims</u> | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u> |                                  |                       |                       |
| _____ - = _____   |                    | x _____             | = _____   |                      |                                  |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                    |                     |   |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                     |   |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |   |                      |                                  |                       |                       |
| <u>Total Sheets</u>   |                    | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>      | <u>Fee Paid (\$)</u>             |                       |                       |
| _____ - 100 = _____   |                    | /50                 | _____ (round up to a whole number) x _____              | = _____              |                                  |                       |                       |
| <b>4. OTHER FEE(S)</b>  |                    |                     |   |                      |                                  |                       |                       |
|   |                    |                     |   |                      |                                  | <u>Fees Paid (\$)</u> |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                     |   |                      |                                  |                       |                       |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...   |                    |                     |   |                      |                                  | 790.00                |                       |
| 1252 Extension for response within second month   |                    |                     |   |                      |                                  | *330.00               |                       |

|                     |   |                                      |                |
|---------------------|---|--------------------------------------|----------------|
| <b>SUBMITTED BY</b> |   |                                      |                |
| Signature           | <br>(reg # 40,417) | Registration No.<br>(Attorney/Agent) | 39,491         |
| Name (Print/Type)   | Michael R. Cammarata  | Telephone                            | (703) 205-8000 |
|                     |   | Date                                 | March 16, 2007 |